											Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999											90	6	69	56		
	Ļ	CLAIMS AS FILED - PART I (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA								SMA		ENTITY	OR	OTHER			
	L	OH					NUMBER	ABER EXTRA				FEE	7	RATE	FEE		
	B	ASIC FEE										345.00	OR		690.00		
	TO	OTAL CLAIMS		21 minus 2			0= ' /			X\$ 9	a	6-3	OR	X\$18=			
	Η-	DEPENDENT CI	6 minus 3 =			ت :			X39:		117	OR	X78=				
	MULTIPLE DEPENDENT CLAIM PRESENT									+130			OR	+260=			
	÷ 11	the difference	- ·	TOTA		525	OR	TOTAL									
		C	10		- [رمد]	OTHER	THAN								
	_			umn 1) AIMS	TO THE COLUMN TWO IS NOT THE		Column 2)	(Column 3)	<u>/</u> .	SMAL	T E	NTITY	OR	SMALL ENTITY			
-	AMENDMENT A		REM	AINING TER IDMENT	3	NUMBE PREVIOU	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
5	NON	Total	• •	<u> 97.</u>	Minus	••		- 7		X\$ 9=			OR	X\$18=			
5	AME	Independent FIRST PRESE	NITATIO	ع ا	Minus	•••		- 3		X39=			OR	X78=			
닠	_	rina i Priese	NIAIIC	N OF MI	ULTIPLE DE	PENU	JENI CLAIM		•	+130=			OR	+260=	7		
ADE							3/2/00			YOY. ADDIT. FI				TOTAL			
3		(Column 1) (Column 2) (Column 3)									EE			ADDIT. FEE			
AVA	IENT B		REM	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
内に	ENDM	Total	.2	7	Minus	••	27	-		X\$ 9=	,		OR	X\$18=			
亙	AME	Independent	·	1/2	Minus	•••		1:	\Box	X39=	1		OR	X78=	-		
	_	FIRST PRESE	NTATIO	N OF M	JLTIPLE DEF	PEND	NDENT CLAIM			130-	†			+260=	-		
	+130=												OR OR	YOTAL			
			(Colúmn 3)	,	ADDIT. FE	EL			ADDIT. FEE	<u> </u>							
			ſ		_	ADDI-			ADDI-								
	AMENDMENT C	2	AF	aining Ter Dment		PA	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
	Š	Total	•		Minus	**		•		X\$ 9=			OR	X\$18=			
;	AME.	Independent	•		Minus	•••		=		X39=	†		OR	X78=			
	_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┞		+		<u>س</u>				
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									+130=	ł		OR	+260=			
	••	If the "Highest Nur If the "Highest Nur	nber Pre	viously Pa	ld For IN THIS	S SPA	CE is less tha	n 20, enter "20."		YOTA DDIT. FE			OR ,	TOTAL ODIT. FEE			
		The Highest Num	ber Previ	iously Pai	d For (Total or	Indep	pendent) is the	Nghest numbe	r loui	nd in the	appr	opriate box	in colu	ynn 1.			

FORM PTO-875 (Rev. 12/99)